Health IT Plan: Supplemental Guide for Model

The purpose of this checklist is to provide a strategic set of questions to assure Health IT focus areas have been identified and addressed individually and within the context of the overall Health IT strategy.

The checklist references Tables and Pages from the Health IT Plan Workbooks in Word and Excel format, available on the Collaboration Site for Model Test and Model Design.

Health IT Components & Context	Guide Table & Page	Completed (√)
Overarching Information Needs: **Based on what the SIM awardee is trying to improve by a certain date** 1. What information is needed to: (a) identify and/or validate the focus areas (b) identify and enroll the targeted population and targeted providers (c) create a baseline(d) actually implement the initiative(s) (e) operate the program (f) monitor for financial and quality (g) evaluate or (h) other? 2. Is the information needed: (a) statewide (b) local or (c) both? 3. Is the information needed by the: (a) State (State Medicaid/State Employees/ State Public Health), (b) care delivery systems (ACOs/CCOs/MCOs, etc.) (c) public and private health care providers (hospital, physician, care managers, nursing homes, local public health, behavioral health , state institutions) (d) public and private providers that provider services that impact an individual's health (social services, WIC, home delivered meals, housing, etc.) (e)individuals and their families/caregivers (f) state legislature, federal agencies, media, other stakeholders and public? 4. Is the purpose of the information to (a) determine individual eligibility (b) determine provider eligibility (c) conduct individual or provider enrollment (d) attribute an individual to a care delivery system and/or a provider(e) develop a payment methodology, including risk adjustments, bundled payments, total cost of care, etc. (f) calculate/distribute actual payment (g) determine & utilize quality of care metrics (h) conduct management of the program (i) maintain program integrity (j)manage business relationships or (k) other?	Table 1 Page 3 and the result of analysis of multiple tables	
Overarching Data Needs: **Based on the information needs identified above** *1.* What are the actual or potential types of data needed to create the information, including: (a) claims, (b) administrative (c) clinical (d) financial (e) survey (f) patient generated, including home monitoring equipment and (g) other? *(Note: this should be a combination of sources[(i.e., claims and clinical rather than one or the othe]) and may evolve over time)* 2. What are the actual or potential data sources, including: (a) State (b) federal (c) private agency (d) health care delivery system (e) private purchaser (f) other private entity (g) provider and (h) other? 3. Do you have access to the data, including: (a) location of governance of the data (State, federal, foundation, private entity, care delivery system, provider, etc.) (b) legal authority to access (c) incentive for source to release or "block" release (d) other? 4. What will it take to obtain the data, including: (a) cost of collection (b) feasibility of collection from a technical and business operations perspective (c) technical capacity of	Table 1 Page 3 and the result of analysis of multiple tables	

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source and "receiver" (e) legal (legislative or contractual) implementations to move forward and (f) other? 5. What will it take to use the data, including: (a) timeliness, (b) accuracy, (c) data structure (structured/unstructured data), (d) status (paper, surveys, electronic, etc.), (e) standardization of formats, specifications and definitions or (f) other?		
Overarching Health IT Needs: **Based on the information and data needs identified above** 1. What health IT infrastructure is needed to support the data at the data source, for the transport of the data, and to retain, analyze, disseminate and use the data, such as: a) hardware, (b) software, (c) connections, (d)systems integration(e) other? 2. What must be addressed (enhanced, retained or changed) as a part of the SIM effort related to Health IT infrastructure, including: (a) governance (b) policy & legal agreements, (c) technical architecture (d) business and technical operations, (e) financing (f) other? *(Note: the detail is addressed under Domains 1-5)* 3. What are the challenges in making the desired changes, including: (a) authority (b) financing (c) incentive to change (d) political and practical realities (e) other?	Table 1 Page3 and the result of analysis of multiple tables	
1. How specified Health IT elements and/or programs, in combination, will achieve state-wide health transformation a. Who needs the data that will be used to track progress (the provider to deliver the care, the state to oversee the care, etc.)? b. What Health IT is needed to support the collection, retention, aggregation, analysis and/or dissemination of the data? c. What changes are needed? (EX: changes in technology, technical assistance, policy and/or business operations) d. What policy levers (statutory/regulatory, leveraging state purchasing capabilities, etc.) can be applied to make the desired changes? **e.** What challenges does the state face in making desired changes?	Table 1 Page 3	
A. *Governance*: 1. **Describe how state leadership will direct the planning and oversight of implementation**: a. Organizational Structure and Decision-making Authority related to Health IT i. Organizational structure related to Health IT (Table 2) ii. Health IT related positions, including appointed positions, hired staff, contractors and advisors (Table 3) iii. Contact information for all key personnel (Table 3) iv. How the Health IT organizational structure is incorporated into the overall project organization (Table 4). If the decision makers are different, the state may choose to include several diagrams. b. Health IT Organizational Capacity i. Staffing resources and roles, including have the needs of the Health IT workforce, state government, and providers been addressed within SIM workforce development efforts? (Table 5) ii. Project management, including budget (Tables 6-8) iii. Governance structure, including (1) mechanisms to coordinate private and	Tables 2-12 Page 4	

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public HIT efforts, (2) integration of or alignment with existing Health IT legislative and executive authority, and (3) recruitment and training of staff/contractors (new/existing) related to Health IT. (Tables 6, 8 & 9) c. Health IT Stakeholder Engagement i. The inclusion of federal, state, local and tribal governments, physical health, behavioral health, and public health care providers/systems, commercial payers/purchasers, community-based and long term support providers, regional HIE (if applicable), consumers, state Regional Extension Center, and tribal communities (Table 10). ii. The process for stakeholder engagement (Table 11). iii. If, through the SIM stakeholder engagement process, stakeholders identified key Health IT priorities and/or specific Health IT requests, what are the identified priorities/requests and how do the priorities/request support the SIM initiative? (Table 12).		
2. **Supply a comprehensive plan to identify current infrastructure and gaps in infrastructure to support the proposed reforms. The plan should also , leverage existing assets, supplying plans for potential solutions to address gaps, and align with other federally-funded programs and state enterprise IT systems** a. Current Status (Table 13) b. Relationship to MITA/Medicaid/HITECH and State Enterprise IT Systems (Table 14) i. The Medicaid components of the SIM-related Health IT authority and implementation status ii. How the SIM related Health IT relates to the Medicaid State Enterprise IT Systems (examples: MMIS-claims; MMIS-program integrity; Medicaid-eligibility; Medicaid-MU Program)	Tables 13 – 14 Page 5	
3. **Explain how the governance structure will incorporate and expand existing public/private health information exchanges, including those operated by ACOs. (Table 15)**	Table 15 Page 5	
B. Policy:		
1. **Describe policy and regulatory levers that will be used to accelerate standards-based HITadoption to improve care across the state** a. Policy Levers (Table 16) b. 1115 Medicaid Waivers (Table 17) i. The key Medicaid Waiver components with Health IT relevant to the SIM initiative(s); both direct Health IT components and other components that require Health IT for support (Table 17). ii. The relationship of the SIM-related Health IT to a Medicaid 1115 waiver Health IT (Table 17). iii. The current status of the waiver application/approval where that relationship exists, including if the waiver is already approved and operational, if the waiver has been approved but not implemented, if the waiver has been applied for but not approved, and if the waiver has not been submitted. (Table 17). c. SIM Health IT alignment with other State, federal and external Health IT efforts (Table 18)	Tables 16-18 Page 6	

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i. Identify existing related state Health IT initiatives (Table 18). ii. Efforts to coordinate with and build upon existing Health IT initiatives (Table 18). iii. Funding and how the state will assure the state will not fund duplicative activities, or supplant current federal or state funding (Table 18).		
2. Describe methods to improve transparency and encourage innovative uses of data; offer a plan for promotion of patient engagement and shared-decision making; and propose multi-payer strategies to enable and expand the use of health information technology. a. State methods to improve transparency (Table 19) b. State methods to encourage innovative uses of data (Table 20), such as: *i.* Collecting, securing, and providing the necessary Medicaid data, private payer data and/or Medicare data (e.g. identifiers) *ii.* Providing data for all patients covered by the SIM program (public, and commercial), including baseline and historical data for three years prior to the Project Period *iii.* Creating an identifier for those affected by the SIM program, regardless of payer, as well as sufficient data to identify a comparison group *iv.* Providing CMS and its contractor(s) with identifying and contact information for beneficiaries who receive services under the model. c. Plan for promotion of patient engagement and shared-decision making (Table 21) i. Information to be shared ii. Health IT "tool" iii. Whether the focus is at the individual or population level iv. Whether implementation is by a provider, managed care organization and/or state v. Cost implication for the patient/consumer, if any d. Propose multi-payer strategies to enable and expand the use of Health IT	Tables 19-20 Page 7 Table 21 Page 7 Table 22 Page 7	
***C. Infrastructure*:** **1. Describe how the state will implement analytical tools and use data-driven, evidence-based approaches to coordinate and improve care across the state (Table 23)** **2. Plans to utilize telehealth and perform remote patient monitoring to increase access to care and the timeliness of care (Table 24)** **3. Plans to use standards-based Health IT to enable electronic quality reporting (Table 25)** a. e-Measurement capacity i. SIM has required awardees to provide quantifiable measures for regularly monitoring the impact of its proposed model, including the effectiveness of the policy and regulatory levers applied under the Model Test, on the three key outcomes of (1) strengthening population health; (2) transforming the health care delivery system; and (3) decreasing per capita health care spending. ii. CMMI recommends awardees track and monitor the following areas: (1) hospital readmission rates (2) emergency department visits (3) patient	Tables 23- 24 Page 7 Table 25 Page 8	

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experience (4) diabetes care (5) tobacco use(6) obesity (7) total cost of care per member per month and (8) behavioral health. Sufficient Health IT capacity will be required for the collection, retention, aggregation, analysis and dissemination of measures selected by the state **4. Explain how public health IT systems (such as clinical registry systems) will be integrated; and describe how support of electronic data will drive quality improvement at the point of care.** a. How public health IT systems (such as clinical registry systems) will be integrated (Table 26) i. How the state's public health IT system (state and local) will be integrated into the state's SIM initiatives. ii. How the public health IT systems interface with the appropriate providers, including connectivity to an HIE b. How support of electronic data will drive quality improvement at the point of care. i. Core Health IT Performance Metric: States are required to report one Health IT specific metric related to HIE connection provided below. States may report additional Health IT measures. (Table 27) ii. Health IT to support fraud and abuse prevention, detection and corrections to drive quality of care at the point of care (Table 28)	Table 26-27 Page 9 Tables 27 -28 Page 9	
***D. Technical Assistance*:** 1. **Define how the state will provide technical assistance to providers ,identify targeted provider groups that will receive assistance, and what services will be delivered** a. Technical Assistance (Table 29) 2. **Identify how the state intends to extend resources to providers ineligible for Meaningful Use incentive payments, if applicable. (Table 30)**	Tables 29 -30 Page 9	